

**APPLICATION DATA SHEET**

**APPLICATION INFORMATION**

Application Number::	Unassigned
Filing Date::	Herewith
Application Type::	Non-Provisional
Subject Matter::	Utility
Title::	CHRODAE TENDINAE GIRDLE
Attorney Docket Number::	PA1759
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity::	No

**APPLICANT INFORMATION**

Applicant Authority Type::	1 <sup>st</sup> Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	NAREAK
Family Name::	DOUK
City of Residence::	Lowell
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	905 Lakeview Avenue
City of mailing address::	Lowell
State/ Province of mailing address::	MA
Country of mailing address::	US
Postal/Zip Code of mailing address::	01850

Applicant Authority Type:: 2<sup>nd</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: NASSER  
Family Name:: RAFIEE  
City of Residence:: Andover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 39 Abbot Street  
City of mailing address:: Andover  
State/ Province of mailing address:: MA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 01810

Applicant Authority Type:: 3<sup>rd</sup> Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VINCENT  
Family Name:: CANGIALOSI, JR.  
City of Residence:: Beverly  
State or Province of Residence:: Ma  
Country of Residence:: US  
Street of mailing address:: 20 Trask Court, Apt. 11  
City of mailing address:: Beverly  
State/ Province of mailing address:: MA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 01915

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 28390  
Name:: Medtronic Vascular, Inc.  
Street of mailing address:: 3576 Unocal Place  
City of mailing address:: Santa Rosa  
State/Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95403  
Phone Number:: (978) 739.3250  
Fax Number:: (707) 543-5420  
E-Mail address:: William.Haynes@Medtronic.com

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application::	National Stage of::	PCT/US2004/019717	18 June 2004 (18.06.2004)
PCT/US2004/019717	Claims priority to::	60/480,364	20 June 2003 (20.06.2003)

**ASSIGNEE INFORMATION**

Assignee name:: Medtronic Vascular, Inc.  
Street of mailing address:: 3576 Unocal Place  
City of mailing address:: Santa Rosa  
State/Province of mailing address:: CA  
Country of mailing address:: US  
Postal/Zip Code of mailing address:: 95403